

APR 18 2006

## FACSIMILE COVER SHEET

Michael Rodriguez  
Plantronics, Inc.  
345 Encinal Street  
P.O. Box 635  
Santa Cruz, CA 95060-0635  
Telephone: (831) 458-7490  
Facsimile: (831) 426-2965

Date: April 18, 2006

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I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 571-273-8300 on April 18, 2006.

Signed: \_\_\_\_\_

Michael Rodriguez

Receiver: Corey P. Chau  
Art Unit: 2644  
Company: United States Patent and Trademark Office  
RE: Application No: 09/990,097  
In re: Isvan  
Filed: November 20, 2001  
Entitled: Noise Masking Communications Apparatus  
Atty. Dkt. No. 01-6145

Fax no.: 571-273-8300  
Pages: 17 (including this cover sheet)

Sender: Mike Rodriguez

MESSAGE:

APR 18 2006

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

App. No.:	09/990,097	Docket No.:	01-6145
Filing Date:	11/20/2001	Conf. No.:	1285
Inventor(s):	Osman K. Isvan	Examiner:	Corcy P. Chau
Title:	Noise Masking Communications Apparatus	Art Unit:	2644

**Via Facsimile to (571) 273-8300**

Mail Stop Amendment  
Commissioner For Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Santa Cruz, CA  
April 18, 2006

**AMENDMENT**

Dear Sir:

Please amend the above-referenced patent application as follows:

**Amendments to the Claims** are reflected in the listing of claims that begins on page 2 of this paper.

**Remarks/Arguments** begin on page 11 of this paper.

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re the application of: Osman  
 Application No.: 09/990,097  
 Filed Date: November 20, 2001  
 Title: Noise Masking Communications Apparatus

Docket No.: 01-6145  
 Examiner: Corey P. Chau  
 Art Unit: 2644

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450


Sir:

Transmitted herewith is an amendment in the above-identified application.  
 The fee has been calculated as shown below.

	Claims Remaining After Amendment	Highest Previously Paid For Extra	Present	SMALL ENTITY RATE FEE	OR	LARGE ENTITY RATE FEE	
Total Claims	-	-	-	x = \$	OR	x = \$	
Ind. Claims	-	-	-	x = \$	OR	x = \$	
			<b>TOTAL</b>	<b>\$</b>		<b>\$</b>	

- ☒ Applicant(s) hereby petition for a one month(s) extension of time to respond to the Office Action Please charge \$120.00 to Deposit Account No. **50-2315** (Order No. **01-6145**). A copy of this sheet is enclosed.
- ☒ Applicant believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. **50-2315** (Order No. **01-6145**).
- ☒ If the required fees are missing or any additional fees are required during the pendency of the subject application, please charge such fees or credit any overpayment to Deposit Account No. **50-2315** (Order No. **01-6145**). A copy of this sheet is enclosed.

Respectfully submitted,

  
 Michael Rodriguez,  
 Reg. No. 53,528  
 Plantronics, Inc.  
 345 Encinal Street  
 P.O. Box 635  
 Santa Cruz, CA 95060-0635  
 Telephone: (831) 458-7490  
 Facsimile: (831) 426-2965

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